

Statement of Congresswoman Anna G. Eshoo  
H.R. 133, *Consolidated Appropriations Act, 2021*  
December 21, 2020

M. Speaker, I rise today in strong support of the Consolidated Appropriations Act, 2021 that funds our government and provides desperately needed relief to American families. I'm proud to support many of the provisions in this legislation, understanding that no compromise is perfect. Frontline workers, including public health workers, firefighters, and other essential workers employed by state and local governments continue to need our support.

The bill before us today provides a lifeline to those who are struggling from the COVID-19 pandemic and the recession it has caused. It extends critical programs first authorized by the CARES Act including \$300 per week in additional unemployment benefits, a second round of direct payments of up to \$600, \$284 billion for additional small business loans under the Paycheck Protection Program, and \$13 billion in nutrition assistance for Americans facing hunger. It also provides \$25 billion to help renters pay their rent and stay in their homes. I'm deeply disappointed that the Administration and the Senate Majority Leader would not allow restaurants and their workers to receive our help. With over 300 bipartisan cosponsors on the RESTAURANT Act, these businesses and their workers should have been in this legislation.

In addition to pandemic relief, the bill funds the government through the remainder of the fiscal year, avoiding a costly government shutdown before the holidays, and invests in critical priorities, including clean energy, affordable housing, public schools, and broadband. I'm proud to have secured \$100 million for the electrification of Caltrain, \$8.9 million for environmental conservation of the San Francisco Bay, \$33 million for construction of the Linac Coherent Light Source upgrade (LCLS-II) at SLAC National Accelerator Laboratory, and \$85.2 million for the Stratospheric Observatory for Infrared Astronomy (SOFIA) at NASA Ames.

Our country is in the midst of the worst public health crisis in a century, and I'm proud to say that the Democrats on the Energy and Commerce Health Subcommittee, which I have had the privilege to lead, have stepped up to the challenge by securing provisions that include the following:

Provide billions to ensure the free, timely, and equitable distribution of safe, effective vaccines and more resources for a national testing strategy.

End surprise medical billing. No patient will face an unexpected, expensive bill just because they are caught in a web of providers.

Assist doctors and public and rural hospitals survive the pandemic by stopping planned Medicare and Medicaid cuts.

Provide three years of funding for critical public health programs including Community Health Centers, Teaching Health Centers, the National Health Service Corps, and the special diabetes programs.

Restore Medicaid coverage for the citizens of the freely associated states living in the U.S., to whom America has for too long abandoned its commitments to.

Improve Medicare coverage for beneficiaries across the country by simplifying Part B enrollment; permanently authorizing the use of telehealth for mental health care; eliminating cost-sharing for colorectal cancer screenings; and extending coverage for immunosuppressive drugs for kidney transplant patients. I'm especially proud to have co-led and championed the immunosuppressive drug coverage legislation to correct a short-sighted coverage policy which will save 375 kidney transplants each

year. This provision appears in Section 402 of Division CC and is based on H.R. 5534, the Comprehensive Immunosuppressive Drug Coverage for Kidney Transplant Patients Act of 2019.

Improve the Medicaid program by expanding access to certified community behavioral health clinics; eliminate spousal impoverishment for partners of Medicaid beneficiaries receiving home- and community-based services; and continuing the Money Follows the Person rebalancing demonstration which makes it possible for people on Medicaid to transition to a safer home or community-based environment and still maintain Medicaid funding.

Lower health care costs by strengthening parity in mental health and substance use disorder benefits; removing gag clauses on health price and quality information; ending a loophole that allowed drugs for opioid use disorder to benefit from the orphan drug designation; and making it easier for biosimilar products to come to market by increasing patent and exclusivity transparency. This final provision appears in Section 325 of Division BB, and it is a bill I'm proud to have sponsored, H.R. 1520, the Purple Book Continuity Act. It requires patent information for biologics to be submitted to the FDA and published in the publicly-available "Purple Book." By creating a single, searchable list of licensed biologics, manufacturers will be able to plan a pipeline of lower-cost biosimilar products for years to come.

I'm also proud to have several health appropriations which I requested included in today's agreement. These items represent the critical advancement of life-saving research and care, including: \$15 million for the Pancreatic Cancer Research Program at the DOD, which I've long championed and which comes as the world continues to mourn the deaths this year of several iconic Americans from this very aggressive cancer, including Congressman John Lewis and Supreme Court Justice Ruth Bader Ginsburg; \$42.9 billion for the NIH for forward thinking investments in medical research; \$597 million for critical biodefense and public health emergency preparedness at BARDA, which my legislation created. Another \$19.7 billion is in the COVID-19 relief agreement for BARDA to manufacture and procure vaccines; \$350 million for the Children's Hospitals Graduate Medical Education Program to support pediatric medical residents' training; and \$5.4 million for research on Chronic Fatigue Syndrome at the CDC to better understand this terrible disease.

There's still so much more the American people need. We must increase federal funding for the Medicaid program during this health and economic crisis, including home-and-community-based services, improve infection control and quality in our nation's nursing homes, and address the public health crises that continue during the COVID-19 pandemic, such as America's unacceptable rates of maternal mortality, suicides, and overdoses. I'm proud of what we've accomplished in the Health Subcommittee this year and energized to continue the fight in 2021.

Today's agreement includes important clean energy provisions, including my legislation, H.R. 1420, the Energy Efficient Government Technology Act, which appears as Sections 1003 and 1004 of Division Z. The bill requires government agencies to develop plans to implement best practices for energy management, purchase more energy efficient information and communications technologies, and submit to periodic evaluation of their data centers for energy efficiency.

Data centers are a critical part of our national infrastructure and are found in nearly every sector of our economy. The federal government alone has more than 2,000 data centers which store everything from Social Security and tax records, to e-books at the Library of Congress. Despite their importance to our government and our economy, many are extremely inefficient when it comes to energy use.

The good news is many data centers can significantly reduce their energy use using existing technology and best practices. This will reduce not only the government's carbon footprint but also its energy

bills. My bipartisan legislation has the potential to save taxpayers hundreds of millions of dollars in reduced energy costs in the future, while setting an example for the private sector to reduce energy usage at data centers.

We must ensure students in need can continue their studies during the pandemic as colleges begin another semester of remote learning, and I'm proud that our agreement includes funding for these students. Section 902 of Division N is modeled on H.R. 6814, the Supporting Connectivity for Higher Education Students in Need Act, bicameral legislation I introduced on May 13, 2020.

The provision provides \$285 million to expand connectivity for historically Black colleges and universities, Tribal colleges and universities, Hispanic-serving institutions and other minority-serving institutions, their students, and minority-owned businesses near those colleges. The funding can be used to purchase routers, modems, wi-fi hotspots, tablets, and laptops. Funding recipients must prioritize low-income students. The legislation also establishes the Office of Minority Broadband Initiatives within the NTIA to carry out programs expand access to broadband at and in communities around HBCUs, TCUs, HSIs and other MSIs.

Between 2012 and 2018, over \$1.2 billion in 9-1-1 fees were diverted to uses other than 9-1-1. While most states curtailed this horrific practice, four states continue diverting 9-1-1 fees: New Jersey, New York, Rhode Island, and Nevada. I first co-led the bipartisan 9-1-1 Fee Integrity Act to require by statute that 9-1-1 fees can only be used for 9-1-1 purposes on September 14, 2018. I'm pleased that the legislation appears in Section 902 of Division FF.

I'm pleased that today's agreement includes funding for AI R&D. The Joint Explanatory Statement for Division B includes direction for AI R&D to expand at NSF and NIST, including with a focus on increasing AI workforce diversity and developing a framework for ethical and safe AI. I've twice written to the House Appropriations Subcommittee on Commerce, Justice, Science, and Related Agencies requesting robust AI R&D funding, and I thank them for their leadership in taking an important step to increase AI funding.

I'm pleased that this legislation includes funding for several technology and telecommunications matters that are priorities for me and for our country, including \$3.2 billion for a \$50 per month emergency broadband benefit for low income families, Pell Grant recipients, students eligible for free or reduced lunch, and recently unemployed individuals; \$1.9 billion to 'rip and replace' telecommunications equipment made by insecure supplies, like Huawei and ZTE, which I first asked the FCC to investigate in 2010; \$250 million for the FCC's COVID-19 Telehealth Program; and \$65 million to develop reliable broadband maps which are critical for the federal government and all states to know where broadband support funding would be most effective.